

RECEIVED
CENTRAL FAX CENTER TO 15712738300#

P.06

DEC 27 2006 15:29 FR PROSKAUER ROSE LLP

202-321-0000
DEC 27 2006

PTO/SB/22 (09-06)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2005

(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

Docket Number
49931-0080

In re Application of	Edward W. MERRILL et al.		
Application Number	10/696,709	Filed	October 30, 2003
For	RADIATION AND MELT TREATED ULTRA HIGH MOLECULAR WEIGHT POLYETHYLENE PROSTHETIC DEVICES		
Art Unit	1711	Examiner	S. Berman

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

	Large Entity Fee	Small Entity Fee	
--	------------------	------------------	--

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020	\$ 510	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1590	\$ 795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160	\$ 1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3840</u> .			

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 33,715

attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

December 27, 2006

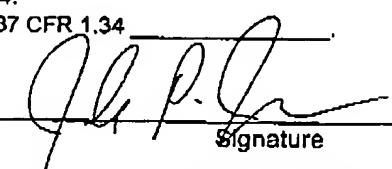
Date

(202) 416-6800

Telephone Number

61263

Customer No.


Signature

John P. Isaacson

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

12/29/2006 EFLORES 00000042 503840 10696709

02 FC:1253 1020.00 DA